

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1192</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>LUTHER B. MEDINA</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2120 AUTO CENTER DR, STE 105</u> City <u>GLENORA</u> State <u>CA</u> ZIP Code + 4 <u>91740</u>	4. Name, file number, and address of labor organization. Name <u>SHEET METAL WORKERS' LOCAL 105</u> Labor Organization File Number <u>544-616</u> P.O. Box, Building and Room Number, if any _____ Street <u>2120 AUTO CENTER DR, STE 105</u> City <u>GLENORA</u> State <u>CA</u> ZIP Code + 4 <u>91740</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Luther B Medina</u>	On <u>8/5/05</u> <u>(909) 305-2800</u> Date Telephone Number

Name of Person Filing

WALTER B MEDINA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

SHEET METAL WORKERS' TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

111 N. SEPULVEDA BL., SUITE 100

City

MANHATTAN BEACH

State

CA

ZIP Code + 4

90267

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEES OF PLAN.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

QUARTERLY BOARD OF TRUSTEES
MEETING - COST OF REIMBURSEMENT.

12.b. Amount.

\$ 1177-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

Name of Person Filing

LUTHER B. MEDINA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS' TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 N. SEPULVEDA BL., SUITE 100

City MANHATTAN BEACH

State CA ZIP Code + 4 90267

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEES OF PLAN.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

QUARTERLY BOARD OF TRUSTEES
MEETING - COST OF MEALS REIM-
BURSEMENT

12.b. Amount.

\$105-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

LUTHER B MEDINA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS' TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 N. SEPULVEDA BL., SUITE 100

City MANHATTAN BEACH

State CA ZIP Code + 4 90267

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEES OF PLAN.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

INTERNATIONAL FOUNDATION OF
EMPLOYEE BENEFIT PLANS
COST OF REIMBURSEMENT.

12.b. Amount.

\$1550 —

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

LUTHER B. MEDINA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

VICTORY CAPITAL MGMT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

19200 VON KARMAN AV, STE 600

City

IRVINE

State

CA

ZIP Code + 4

92612

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

SHEET METAL WORKERS' TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

111 N. SEPULVEDA BL, STE 100

City

MANHATTAN BEACH

State

CA

ZIP Code + 4

90267

11.a. Nature of such dealing.

INVESTMENT MANAGEMENT
OF TRUST FUNDS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

MEALS PROVIDED

12.b. Amount.

\$225-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

LUTHER B MEDINA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

SO. CAL SHEET METAL JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

633 N BALDWIN PARK BL.

City

CITY OF INDUSTRY

State

CA ZIP Code + 4 91746

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE OF COMMITTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

COMPLETION CEREMONY
MEAL REIMBURSEMENT

12.b. Amount.

\$55-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

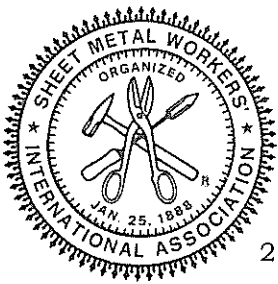


or Consultant



?

14.b. Amount of payment.



Sheet Metal Workers' International Association
Local Union No. 105

2120 Auto Centre Drive, Suite 105 • Glendora, CA 91740 • (909) 305-2800 • FAX (909) 305-2822
Website: www.local105.org • E-Mail: smwia@local105.org

Roy A. Ringwood
Business Manager/
President

Lance D. Clark
Financial
Secretary-Treasurer/
Recording Secretary

Bradley J. Rooker
Vice President/
Business Representative

**Business
Representatives:**

Francisco Magaña

Richard Marquez

Luther Medina

Eddie Montes

James Odom

Michael Pelliccino

Mario Teran

Bakersfield Office:

Ken Rooker
Business Representative

601 Eureka Street
Bakersfield, CA 93305

(661) 323-4461
FAX: (661) 323-3286



August 10, 2005

Standard Mail Delivery & Certified Mail #: 7002 0510 0003 9433 1437

United States Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue N.W., Room N5616
Washington, DC 20210

Re: LM-30 Report, 2004

The information contained in the enclosed LM-30 Report is based on my best effort to make a good faith reconstruction of events occurring in 2004. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 Report.

Sincerely,

Luther B. Medina,
Business Representative

RAR:imb/DOL.LM.30
opeiu #537/afl-cio-clc